

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Air and Radiation Management Administration • Mobile Sources Control Program
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VEHICLE EMISSIONS INSPECTION PROGRAM

**FLEET INSPECTION STATION
APPLICATION**

A. Facility Information

Facility Name: _____

Address: _____

City: _____ County: _____

State: _____ ZIP: _____ Phone: (____) _____ Fax: (____) _____

Person to contact regarding facility information: Name: _____

Title: _____ Phone: (____) _____ Email: _____

Hours of operation: _____

Number of vehicles subject to VEIP: _____

B. Indicate mailing address for ALL written correspondence, if different from above:

Name: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

C. Facility Ownership Information

Person to contact regarding ownership information: Name: _____

Title: _____ Phone: (____) _____ Email: _____

If corporately owned, Corporation Name: _____

Corporate Address: _____

City: _____ County: _____

State: _____ ZIP: _____ Phone: (____) _____ Fax: (____) _____

D. Trained Personnel Information

A FIS must employ a Master Certified Emissions Technician (MCET). For facilities with more than one location, an MCET must be employed at **each location**. Indicate below all individuals employed by the applying facility that satisfy the MCET requirements. Submit an attachment if more than three individuals must be listed.

Name: _____ MCET #: _____

Phone: (____) _____ Email: _____

Name: _____ MCET #: _____

Phone: (____) _____ Email: _____

Name: _____ MCET #: _____

Phone: (____) _____ Email: _____

E. Workers' Compensation Information

As required by Section 1-102 of the Transportation Article of the Annotated Code of Maryland,

I, _____, do hereby affirm that I am in compliance with Maryland Workers' Compensation Act (Title 9, Labor and Employment Article, Annotated Code of Maryland) in that:

_____ I am **not** an employer subject to the Maryland Workers' Compensation Act, and am not required to provide employee coverage by that Act.

_____ I am an employer required to provide employee coverage by the Maryland Workers' Compensation Act and have secured such coverage, and submit the following as evidence:

Insurance Company Name _____

Policy or binder number _____

F. Certification.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief. Furthermore, I understand that all facility licenses and certificates may be suspended, revoked, or refused, for violations of Vehicle Emissions Inspection Program regulations.

Signature

Date

Print name and title